

FILED APR 27 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13702

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3345**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI PACIFIC HOSPITAL		d. STREET ADDRESS (If rural, give location) 4136 BOTANICAL AVE.	

3. NAME OF DECEASED (Type or Print) a. (First) WALLACE b. (Middle) MORENO c. (Last) DECKER			4. DATE OF DEATH (Month) (Day) (Year) APRIL 12, 1949		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 14, 1870	9. AGE (To years last birthday) 78	10. IF UNDER 1 YEAR (Months) 8
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) ACCOUNTANT		10b. KIND OF BUSINESS OR INDUSTRY TERMINAL R.R. ASSN		11. BIRTHPLACE (State or foreign country) MICHIGAN	

13a. FATHER'S NAME JAMES DECKER	13b. MOTHER'S MAIDEN NAME MARY FRANCIS THRASHER	14. NAME OF HUSBAND OR WIFE ETHEL DECKER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 702-12-4153	17. INFORMANT'S SIGNATURE OR NAME MRS ETHEL DECKER ADDRESS 4136 BOTANICAL AVE
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Suddenly
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		
	ANTECEDENT CAUSES (b) Occlusion of Coronary Artery		
*Morbidity conditions, if any, giving rise to the above cause (a) during the underlying cause last.		(c) Arteriosclerosis - Many years	
II. OTHER SIGNIFICANT CONDITIONS (c) Cystitis - Ventral Hernia - Laryngectomy 15 yrs ago for Ca. of larynx.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Dec 27, 1948**, to **April 11, 1949**, that I last saw the deceased alive on **April 11, 1949**, and that death occurred at **4:09 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Alfred J. Hosto (Degree or title) M.D.	23b. ADDRESS Mo Pacific Hosp.	23c. DATE SIGNED 4-12-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE APRIL 14, 1949	24c. NAME OF CEMETERY OR CREMATORY VALHALLA CREMATORY	24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.
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DATE RECEIVED BY LOCAL REGISTRAR J. B. ...	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE Wm J. Robert H. & U. Co ADDRESS 1905 So. GRAND BLVD.
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Ronald O. Yalunke

Licensed Embalmer No. 3917

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.